SOUTHER	STATES DISTRICT COURT N DISTRICT OF NEW YORK NO D'ATTORE The plain of the plain	USDC SDNY DOCUMENT ELECTRONICALLY FILED DOC#: DATE FILED: 10 28 11
•	-against-	AMENDED COMPLAINT under the
STATE DE OF NEW Y DEPARTM POLICE D CHRISTOS ABRAHAM	TE OF NEW YORK, AND THE NEW PARTMENT OF CORRECTION'S, NEW YORK CIT MENT OF CORRECTION'S, N'EN PRECLENT, HECTOR PEREZ, MICHAELB A GARCIA, JOHN DOE-ARRES 1.D. #897451 ARREST # BO3	Civil Rights Act, 42 U.S.C. § 1983 (Prisoner Complaint) THECTTY TY Jury Trial: Yes □ No (check one) KUESTLE, 10 Civ. 1315 (LAP) (RWS)
cannot fit the r please write additional she listed in the ab	bove enter the full name(s) of the defendant(s). names of all of the defendants in the space pro "see attached" in the space above and atto et of paper with the full list of names. The bove caption must be identical to those conta sses should not be included here.)	ovided, ach an names
I. Parti	es in this complaint:	
confi	•	the name and address of your current place of plaintiffs named. Attach additional sheets of paper
Plaintiff	Name Gaetano D'Attor	2
	ID # 10A 5728 Current Institution UPSTATE Contact Address P.O. Box 2001, Ma	LRECTIONAL FACILITY Llone, New York 12953

Rev. 01/2010

contained in the above caption. Attach additional sheets of paper as necessary.

List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those

Defendant	No. 1	Name THE STATE OF NEW YORK Shield # NU Where Currently Employed ATTORNEY GENERAL, OFFICE OF THE Address ATTORNEY GENERAL, CAPITOL BULLDING, Albany, New York 12224
Defendant	No. 2	Name NYS DEPT. OF CORRECTION'S Shield # NK Where Currently Employed THE HARRIMM STATE CAMPUS JUPSTATE C.F. Address 1220 Washington Avenue-Building 2 Albany, New York 12226-2050
Defendant	No. 3	Name THE CITY OF NEW YORK Shield # NU Where Currently Employed CORPORATION COUNSEL/LAW DEFT Address 100- Church Street, New York, NY 10007
Defendant	No. 4	Name NYC DEPT. OF CORRECTION'S Shield # NU Where Currently Employed 75-20 Astoria Boulevard, East Address Elmhurst, NewYork 11370
Defendant	No. 5	Name NEWYORK POLICE DEPARTMENT Shield # WA Where Currently Employed 45th Preclect, 2817 Barkley Ave. Address Bronx, NY 10465/One Police Paza, N.Y. C. 10038 See **ATTACHED LIST" (20)
II. Sta	atement of C	Claim:
caption of events. You events givi	this complaing ou may wishing rise to yours, number	ble the <u>facts</u> of your case. Describe how each of the defendants named in the at is involved in this action, along with the dates and locations of all relevant to include further details such as the names of other persons involved in the ar claims. Do not cite any cases or statutes. If you intend to allege a number of and set forth each claim in a separate paragraph. Attach additional sheets of

Where in the institution did the events giving rise to your claim(s) occur?

INTAKE/PART-60, PART-TP-22/RIKERS IS CAND INTAKE/DOWNSTATE CORRECTIONAL FACILITY RECEPTION 2 Rev. 01/2010

In what institution did the events giving rise to your claim(s) occur?

NYC POLICE DEPT. 45th Precisint/BROW SUPREMECOURT/
NYC DEPT. OF CORRECTIONS /NYS DEPT OF CORRECTIONS

A.

B.

В.

"ATTACHED LIST"

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defend	ant No. 6	Name SAMES CHRISTOS Shield # Where Currently Employed NEW YORK POLICE DEPARTMENT Address 45th PRECIENT, 2877 BARKLEY AVENUE Bronx, New York 10465	T
Defenda	ant No.¶	Name HECTOR PEREZ (Sargeart) Shield # NA Where Currently Employed NEW YORK POLICE DEPARTMENT Address 45th PRECEINT 2877 BARKLEY AVENUE Bronx, New York 10465	
Defenda	ant No.8	Name MICHAEL BRUESTLE Shield # NA Where Currently Employed NEW YORK POLICE DEPARTMENT Address Police Plaza, N.N.C. 10038	<u>τ</u>
Defenda	ant No. 9	Name ABRAHAM GARCIA (COMMADD-FIN) Shield # NA Where Currently Employed GLLU STOPFERS PROGRAM, NEW) Address POLICE DEPARTMENT- 1 Police Plaza, NY. C. LOOSB JOHN DOE-ARREST # BOSG1914	
Defenda	ant No.	Name ARRESTING OFFICER-1.D. #897451 Where Currently Employed NEW YORK POLICE DEPARTMENT Address 45th PRECENT, 2877 BARKLEY AVENUE, Bronk, New York 10465	97451
H,	Statement	of Claim:	
caption events. events g related (of this comp You may waiving rise to	ossible the <u>facts</u> of your case. Describe how each of the defendants named in to plaint is involved in this action, along with the dates and locations of all relevantish to include further details such as the names of other persons involved in the your claims. Do not cite any cases or statutes. If you intend to allege a numb ber and set forth each claim in a separate paragraph. Attach additional sheets of	t er of
A.	In what inst	itution did the events giving rise to your claim(s) occur?	
	N		<u> </u>
В.	Where in th	e institution did the events giving rise to your claim(s) occur?	

C. What date and approximate time did the events giving rise to your claim(s) occur? April 12, 2007, atapprox 11:00 PM/JUNE 21, 2007, atapprox. 10:00 AM 2010, ata BLOOPM

What happened to you?

Who did what?

Was anyone else involved?

antuly, Illegally, Detained un unlawfully, illegally, Major Pk body. Mental arguish. (Caucasian Male) tried etectives broke into my home CHRISTOS, HECTOR HEREZ broke into my home, with BROWN DISTRI OHALCOLLIAS STEVEN C. DRMA SILVA DACONCEICAD.

Who else saw what happened? T. DE CORRECTION'S OF CORRECTION'S P Description-Concastar Malerapprox 5100 a 28 ms, old Shoulder lenoth dirty blonde has Grown eyes, a ot ot acke, tair

III. **Injuries:**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. MENTAL WOULSH, EMBARRASSIENT, DEIRESSION, ANGER, FRUSTRATION, HEIGHTENED ANXIETY, FEAR, RESTLESSNESS, WORRISOME NIGHTMARES, SLEEPLESSIJESS, TO DERVOUS SYSTEM / LACERATION (S) TO HEAD

IV. **Exhaustion of Administrative Remedies:**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

3

	A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
		Yes No
Ne D.d	If YES events	s, name the jail, prison, or other correctional facility where you were confined at the time of the giving rise to your claim(s). ANKCIOBECI BROWN SULFEME COURT!
ys di Prech	Dic Di	OW DSTATE C.F./WAISH R.MU./FIVEPUINTS C.F./UPSTATE C.F./NYPD, 45th
hkccu		
	В.	Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?
		Yes No Do Not Know
	C.	Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?
		Yes No Do Not Know
		If YES, which claim(s)?
	D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?
		Yes No
		If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
		Yes No
	E.	If you did file a grievance, about the events described in this complaint, where did you file the
		GOVERNOR'S OFFICE/ATTORNEY GENERAL NYS COURTOF CLAIMS!
		grievance? GOVERNOR'S OFFICE/ATTORNEY GENERAL NYS COURTOF CLAIMS/ USDCISDNY/BROWN DISTRICT ATTORNEYS OFFICE/3. CLAPP.DIV. 12D 1. Which claim(s) in this complaint did you grieve? ALL
		0000
		2. What was the result, if any? VENDING
		3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. US COA, / USDC/SDNY-WKITOF HABEAS CORPUS-NO RESPONE.
		HABEAS CORPUS-NO RESPONE,
	F.	If you did not file a grievance:
	1.	• .
		1. If there are any reasons why you did not file a grievance, state them here:

	2.	If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: ALL STATE AGENCIES BY LETTER IMPTIBLES IN 2007/08/09/10/11 NYS DIVISION OF PARDLE/NYS COURT OF CLAIMS/ LEGAL AID SOCIETY/INNOCENCE PROJECT
G.	adminis T	set forth any additional information that is relevant to the exhaustion of your strative remedies. VE APPEALED TO ALL STATE ASENCIES (COURTS, ADD TO USDCISDAY- IL CIV 2987 (TPG) AND STILL AWAIT ES PONSE TO CPL \$30.30 (IQ), WALT OF HABEAS CORPUS
Note:	You ma	y attach as exhibits to this complaint any documents related to the exhaustion of your trative remedies.
v.	Relief:	
State w	hat you	want the Court to do for you (including the amount of monetary compensation, if any,
that you	u are see	king and the basis for such amount). FOR A COURT ORDER TO BE ISSUED
		SG MY PERSON FROM CUSTORY IMMEDIATELY- FOR THE
BED	CCMCE SIC M	NTS TO BE DISMISSED/ACCUSATORY INSTRUMENTS TO ISSED, FOR ALL GOVERNMENT OFFICIAL'S FOR THE CITY
OFA	JEW!	LORK, STATE OF NEWYORK INVOLVED IN MY WILLAWELL,
100	EGAL	ARREST, DETAINMENT, CONVICTION, SENTENCING
TO	BE VI	POSECUTED, TERMINATED FROM THEIR POSITIONS,
		PERSON TO BE AWARDED & 50,000,000.00 (FIFTY) DOLLARS AND ZERO CENTS) IN MONETARY COMPENSATION.
DRI	15 CH	E ALTERNATIVE, FOR MY PERSON TO BE RELEASED
IMP	CEDIA	ITELY FROM CUSTODY PEUDING AN APPEAL, AND IF
		ED OF WRONGFUL, UNLAWFUL ARREST/DETAINMENT! ON TO BE AWARDED IN FULL THE ABOVE-STATED RELIEF
<u>CON</u>	Alcee	en ic of Annother in late (we above-state) ketter

•	*	
•	VI.	Previous lawsuits:
On these	A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
claims		Yes No
	В.	If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)
		1. Parties to the previous lawsuit:
		Plaintiff Gaetano D'Attore
		Defendants THE CITY OF NEW YORK, etal.
		2. Court (if federal court, name the district; if state court, name the county) USDC SOUTHERNDISTRICT OF NEW YORK
		3. Docket or Index number 10 CIV 0815 (ISK) (MHD)
		4. Name of Judge assigned to your case JEDS. RAKDFF/MICHAEL H. DOLINGEN
		5. Approximate date of filing lawsuit JASUARY 4th, 2010
		6. Is the case still pending? Yes V No
		If NO, give the approximate date of disposition NO.
		7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)
On other claims	C.	Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment? Yes No
	D.	If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)
		1. Parties to the previous lawsuit:
		Plaintiff Gaetaro D'Attore
		Defendants THE CITY OF NEWYORK, et-al.,
		2. Court (if federal court, name the district; if state court, name the county)
		3. Docket or Index number 305130/08
		4. Name of Judge assigned to your case Justice, SCHACHOER
		5. Approximate date of filing lawsuit August 28, 2008

6.	Is the case still pending? Yes N	No			
	If NO, give the approximate date of d	isposition NA			
7.	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)				
_	ler penalty of perjury that the foregoing $5_{ m day\ of}$	ng is true and correct.			
	Signature of Plaintiff Inmate Number Institution Address	Haetano Ratione 10A5728 WISTATE CORRECTIONAL FACILITY P.O. BOX 2001 Malone, NY 12953			
Note: All plant their i	aintiffs named in the caption of the compinmate numbers and addresses.	plaint must date and sign the complaint and provide			
this complaint		ay of October, 2011, I am delivering Pro Se Office of the United States District Court			
	Signature of Plaintiff:	Gaetaro D'attore			

UNZED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	
GAETANO D'ATTORE	
(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)	_/O Civ/315 (LAP) (R
- against -	NOTICE OF MOTION
Arresting officer- 10897451, etal.	-
(In the space above enter the full name(s) of the defendant(s)/respondent(s).)	-
PLEASE TAKE NOTICE that upon the annexed af	firmation of GAETANO DATTORE,
affirmed on August 20, 2011, and upon the exhibit	(name) bits attached thereto (delete if no
exhibits), the accompanying Memorandum of Law in support	
Memorandum of Law), and the pleadings herein, plaintiff defend	dant will move this Court, before
LORETTA A. PRESKA, United States District M.	agistrate Judge, for an order
nursuant to Rule 150 of the Federal Rules of Civil Pr	ocedure granting (state what you want the
Judge to order): on order to Second Amend the	complaint and summons to
properly name the detendants, and to di	smiss most agents servants,
properly name the defendants, and to dis employees, representatives from the complayers to complete amended (Second) comp	digard to allow plantity
The process of the same of the	
I declare under penalty of perjury that the foreg	_
Dated: Senera, New York Signature / Signature / August 20, 20 11 Robox119, Remula (month) (day) (year) Telephone Number (Santaro & attore
(city) (state) Address FIVE	POINTS C.F., 6600 State Poute 96,
August 20, 20 11 Ro. Box 119, Romule	15, N.Y. 14541
(month) (day) (year) Telephone Nu	nber NA
Fax Number (ij you nave one) NA
DECEIVED	

Rev. 05/2010

UNITED STA	ATES DIS	TRICT	COU	RT
SOUTHERN	DISTRIC	r of N	IEW	YORK

GAETANO DIATTORE	-
(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)	16 Civ. 1315 (CAP) (Rus
- against - Arresting Officer-1D 897457, et. al.,	AFFIRMATION IN SUPPORT OF MOTION
(In the space above enter the full name(s) of the defendant(s)/respondent(s).)	
1. Gaetano D'Attore, affirm under pena 1. I, Gaetano D'Attore, am the plaintiff/defi (name) and respectfully move this Court to issue an order for a	endant in the above entitled action,
2. The reason why I am entitled to the relief I susing additional paragraphs and sheets of paper as necessary): To proper and to dismiss most agents, servants, employ Crty of New York, State of New York, NYC/NYS allow for Go Days to properly, concisely amen	ly name the defendants, ees, representatives for the Dept. of Corrections, and to d complaint & summons.
WHEREFORE, I respectfully request that the Cou- other and further relief as may be just and proper.	rt grant this motion, as well as such
Dated: Sene ca., New fork Signature & Address Five (city), (state) Address Five (month) (day) (year) Telephone Number (it	•

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	
GAETAND D'ATTORE	
(In the space above enter the full name(s) of the plaintiff(s)/p	petitioner(s).) 10 Civ. 1315 (LAP) (RWS)
- against - Arresting officer- 10897451, e	
(In the space above enter the full name(s) of the defendant(s)/	respondent(s).)
(munic)	declare under penalty of perjury that I have toton, Affirmation in Support of Motion (document you are serving)
upon Loretta A. Presta (name of person served)	whose address is USDC/SDNY
500-Pearl Street, Rm 230 New Yor Where you by United States Postal Service (how you served document: For example	served document) Regular mail le-personal delivery, mail, overnight express, etc.)
Dated: Sereca, NewYork (town/city) (state) August 20, 2011 (month) (day) (year)	Signature FIVE POINTS CORRECTIONAL FAC. Address GLOOS tate foute 96, P.O. BOX 119 City, State Romalus, New York 14541 Zip Code NA Telephone Number

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK	
GAETANO D'ATTORE	
(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)	18 Civ. 1315 (LAP) (Ru
- against -	NOTICE OF MOTION
Arresting officer- 10 897451, etal.	
(In the space above enter the full name(s) of the defendant(s)/respondent(s).)	
PLEASE TAKE NOTICE that upon the annexed affirmed on August 20, 2011, and upon the exhibits (date) exhibits), the accompanying Memorandum of Law in support of	(name) s attached thereto (delete if no
Memorandum of Law), and the pleadings herein, plaintiff defendar	nt will move this Court, before
LORETTA A. PRESKA, United States District Magi	strate Judge, for an order
pursuant to Rule 15c of the Federal Rules of Civil Proc	edure granting (state what you want the
inderestable of acides to second Amond the or	our plaint and summous to
properly name the defendants, and to dism employees, representatives from the complaint, 60 days to complete amended (second) comple	us's most agents, servants, and to allow plaintiff unt to file with this Court
I declare under penalty of perjury that the foregoi	ng is true and correct.
Dated: Sereca, New York Signature 94. (city) (state) Address FIVE Po. August 20, 20 11 Robox 119, Remulus, (month) (day) (year) Telephone Numb	notano Battores WTS C.F., 6600 State foute 96, N.Y. 14541 er_NA
(month) (aay) (year) Telephone Number (ff)	

UNITED STATES DISTRICT COURT	• • •
SOUTHERN DISTRICT OF NEW YORK	
GAETANO DIATTORE	· •
(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)	16 Civ. 1315 (CAP) (Rus
- against -	AFFIRMATION IN SUPPORT OF MOTION
Arresting officer-10 897457, et al.	
(In the space above enter the full name(s) of the defendant(s)/respondent(s).)	
1, Gaetano D'Attore, affirm under pena	lty of perjury that:
1. I, Gaetane D'Attore, am the plaintiff/def	endant in the above entitled action,
and respectfully move this Court to issue an order	ne)
and respectfully move this Court to issue an order $\frac{40100}{100}$	(state what you want the Judge to order)
2. The reason why I am entitled to the relief I s	eek is the following (state all your reasons
using additional paragraphs and sheets of paper as necessary): To proper	
and to dismiss most agents servants employ	ees representatives for the
City of New York, State of New York, NYC/NYS	Dept of Corrections, and to
allow for 60 Days to properly, concisely amen	d complaint & summons.
WHEREFORE, I respectfully request that the Cou	ert grant this motion, as well as such
other and further relief as may be just and proper.	
I declare under penalty of perjury that the forego	_
Dated: Scheca, NewYork Signature &	lastano D'actoce
Dated: Screen, NewYork Signature & August 20, 20 11 6600-State Row	POINTS CORRECTIONAL FACILITY
(month) (day) (year) Telephone Num	aber NA
Fax Number (ij	

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	
CAETANO D'ATTORE	
(In the space above enter the full name(s) of the plaintiff(s)/peti	tioner(s).) 10 Civ. 1315 (UP) (RWS)
- against - Arresting officer- 10897451, et	
(In the space above enter the full name(s) of the defendant(s)/res	pondent(s).)
(name)	_, declare under penalty of perjury that I have
served a copy of the attached Notice of Mo	(document you are serving)
1 11 1 0-00 1	whose address is USDC/SDNY
500-Pearl Street, RM 230 New York	
by United States Postal Service, (how you served document: For example)	Regular mail, overnight express, etc.)
Dated: Sereca, NewYork (town/city) (state) August 20, 2011 (month) (day) (year)	Signature FIVE POINTS CORRECTIONAL FAC. Address ColooState fewtency, P.o. Box 119 City, State
	Romelius, New York 14541 Zip Code NA Telephone Number

GAETANO D'ATTORE
(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).) [Output Description of the plaintiff(s)/petitioner(s).]
- against - NOTICE OF MOTION
Arresting officer- 10 897451, et al.
(In the space above enter the full name(s) of the defendant(s)/respondent(s).)
PLEASE TAKE NOTICE that upon the annexed affirmation of GAETANO DATTORE,
affirmed on August 20, 2011, and upon the exhibits attached thereto (delete if no
exhibits), the accompanying Memorandum of Law in support of this motion (delete if there is no
Memorandum of Law), and the pleadings herein, plaintiff defendant will move this Court, before
CORETTA A. PRESKA United States District Magistrate Judge, for an order (Judge's name) (circle one)
pursuant to Rule 15c of the Federal Rules of Civil Procedure granting (state what you want the
judge to order): on order to Second Amend the complaint and summons to properly name the defendants, and to dismiss most agents servant employees, representatives from the complaint, and to allow plaintiff 60 days to complete amended (Second) complaint to file with this Court
properly name the defendants, and to dismiss most agents, servant
employees, representatives from the complaint, and to allow plaintiff
60 days to complete amended (second) complaint to the with this Court
I declare under penalty of perjury that the foregoing is true and correct.
Dated: Sereca, New York Signature Galano Ballone (city) (state) Address FIVE POINTS C.F., 6600 State Poute 96, August 20, 20 11 Ro. BOX119, Remulus, N.Y. 14541
(city) (state) Address FIVE POINTS C.F., 6600 State Poute 96,
(month) (day) (vear) Telephone Number N/A

Fax Number (if you have one) NA

SOUTHERN DISTRICT OF NEW YORK	
GAETANO DIATTORE	
(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)	16 Civ. 1315 (AP) (Ru
- against -	AFFIRMATION IN SUPPORT OF MOTION
Arresting Officer-1D 897451, et al.	
(In the space above enter the full name(s) of the defendant(s)/respondent(s).)	
1. Gaetane D'Attore, affirm under penal 1. I, Gaetane D'Attore, am the plaintiff/defe	
and respectfully move this Court to issue an order	state what you want the Judge to order)
2. The reason why I am entitled to the relief I so	eek is the following (state all your reasons
using additional paragraphs and sheets of paper as necessary): To proper and to dismiss most agents, servants, employe Crty of New York, State of New York, NYC/NYS allow for Go Days to properly, concisely amen	Dept of Corrections, and to
WHEREFORE, I respectfully request that the Cour	t grant this motion, as well as such
other and further relief as may be just and proper.	
I declare under penalty of perjury that the forego	ing is true and correct.
Dated: Screce, New York Signature Signature Screen Address Five Address Five August 20, 20 11 6600-State Rout (month) (day) (year) Telephone Number 1	rotano Di Telloce POINTS CORRECTIONAL FACILITY e 96, P.O. BOX 119, Romulus, N.Y. 14541 DOET NIA
Fax Number (if	

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	
GAETANO D'ATTORE	
(In the space above enter the full name(s) of the plaintiff(s)/pe	etitioner(s).) 10 Civ. 1315 (LAP) (RWS)
- against - Arresting officer- 10897451, e	AFFIRMATION OF SERVICE
(In the process shows outer the G.H., and (1) fell, 2, G. L. (1)	
(In the space above enter the full name(s) of the defendant(s)/r	espondent(s).)
I, Galtaro D'Attore (name) served a conv of the attached Notice of M	, declare under penalty of perjury that I have
berved a copy of the attached 100 or 500 or	otion, Affirmation in Support of Metron (document you are serving)
upon Loretta A. Pres Ka (name of person served)	whose address is USDC/SDNY
500-Pearl Street, Rm 230 New Yor (where you s	K. New York 10007
by United States Postal Service, (how you served document: For example	Regular mail e - personal delivery, mail, overnight express, etc.)
Dated: Sereca , NewYork (state)	Scalone D'attore
$\frac{\text{August}}{\text{(month)}} \frac{20}{\text{(day)}} \frac{20}{\text{(year)}}$	FIVE POINTS CORRECTIONAL FAC.
	City, State
	Romedius, New York 14541 Zip Code
	Telephone Number

Case 1:10-cv-01315-RWS Document 19 Filed 10/28/11 Page 18 of 28

PRO SE OFFICE

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK

DANIEL PATRICK MOYNIHAN UNITED STATES COURTHOUSE 500 PEARL STREET, ROOM 230 NEW YORK, NEW YORK 10007

J. MICHAEL McMAHON
CLERK OF COURT

IMPORTANT NOTICE INCREASE INFILING FEES

Increase in Fees

The filing fee for new civil actions (except habeas corpus proceedings) is increasing to \$350 and the filing fee for all appeals is increasing to \$455. The Deficit Reduction Act of 2005, Senate Bill S.1932, passed by the United States Congress and signed into law by the President on February 8, 2006, increases the fee for filing a civil action in all United States District Courts from \$250 to \$350 (amending 28 U.S.C. § 1914(a)) and increases the fee for filing an appeal to all United States Courts of Appeals from \$255 to \$455 (amending 28 U.S.C. § 1913).

Therefore, effective April 10, 2006, the filing fee for:

- (1) all civil actions (except *habeas corpus* actions*) in the United States District Courts will be \$350; and
- (2) all appeals to the United States Courts of Appeals will be \$455.

*The fee for filing a habeas corpus action in the United States District Courts will remain \$5.

Prisoner Authorization Form

Any inmate who seeks to have the filing fee for a new civil action in federal district court waived and proceed in forma pauperis under 28 U.S.C. § 1915 must sign the **new Prisoner Authorization form** that has been distributed to this facility. **The old forms (which refer to the \$250 filing fee) may not be used.** If you need the new form, or if you have any questions regarding the procedures of the Southern District of New York, you may contact the *Pro Se* Office by writing or calling (212) 805-0175 during business hours, 8:30am - 5:00pm, Monday - Friday (except federal holidays). Please note the *Pro Se* Office cannot accept collect calls.

2/23/2006

Case 1:10-cv-01315-RWS Document 19 Filed 10/28/11 Page 19 of 28

PRO SE OFFICE

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK

DANIEL PATRICK MOYNIHAN UNITED STATES COURTHOUSE 500 PEARL STREET, ROOM 230 NEW YORK, NEW YORK 10007

J. MICHAEL McMAHON
CLERK OF COURT

INSTRUCTIONS FOR FILING A PRISONER'S CIVIL RIGHTS COMPLAINT

Attached are a complaint form and an application to waive the filing fee for an action under 42 U.S.C. § 1983. The instructions for completing them are as follows:

- 1. <u>Caption</u>: The caption is located in the top left corner on the first page of the complaint. You, as the person filing the complaint, are the plaintiff. The people you allege have violated your rights and are responsible for your injuries should be named as the defendants. You should state the first and last name of each defendant and badge number, if appropriate. If you do not know the name of a defendant, you should name him or her as "John Doe" or "Jane Doe" and include some descriptive information about that defendant. For example, "John Doe Correctional Officer who worked the 8am-4pm shift on C-Block at Sing Sing Correctional Facility on January 1, 2003."
- 2. <u>Jury Trial</u>: You are entitled to a trial by jury, however, you lose your right to a jury trial if you do not ask for it early enough. You should indicate on the first page of the complaint whether or not you want a jury trial by checking either "yes" or "no" in the top right corner of the first page of the complaint. You can also demand a jury trial within 10 days of service of the answer. If you fail to request a jury trial, but later decide you want one, you may request a jury trial by filing a formal motion and explaining why you did not ask for one earlier. The judge, however, does not have to grant this motion.
- 3. <u>Contents</u>: The form should be fully completed. It can be typed or handwritten, but it must be legible. If you need more space to answer a question, use separate sheets of $8\frac{1}{2}x$ 11-inch paper and attach them to your complaint. You are required to give facts, not legal arguments or citations. Each plaintiff must sign the complaint with an original signature (in ink or pencil). Photocopies of your signature cannot be accepted. The complaint need not be notarized.
- 4. <u>Copies:</u> You must send the Court the original complaint plus two identical copies. You should keep another copy for your records. Copies can be handwritten or typewritten but all copies must be identical to the original.

\$250,00

5. Fee: The filing fee is \$150.00, payable to the "Clerk of Court, USDC, SDNY", by certified check, bank check, money order, major credit card, or cash (if your complaint is submitted in person). No personal checks are accepted.

- 6. <u>Inability To Pay The Fee:</u> If you cannot pay the fee, you may apply to the Court to waive the fee. Complete the enclosed Request to Proceed *In Forma Pauperis* and attach it to the original complaint. The caption of this application must be identical to the caption on the complaint. If you are currently confined in a jail, prison, or other correctional facility, you must also complete a Prisoner Authorization Form and attach it to the Request to Proceed *In Forma Pauperis*. Even if the Court grants your application to waive the filing fee, your inmate account may be debited in accordance with the Prison Litigation Reform Act of 1995, codified at 28 U.S.C. § 1915(b). If there is more than one plaintiff, each plaintiff must provide a separate Request to Proceed *In Forma Pauperis* and Prisoner Authorization Form.
- 7. <u>Filing</u>: When you have completed the forms, mail the original and two copies of the complaint, as well as the Request to Proceed *In Forma Pauperis* and Prisoner Authorization Form, if applicable, to the *Pro Se* Office at the address above.
- 8. <u>Serving the Complaint</u>: After the Court has issued a summons, copies of the summons and complaint must be served upon each of the defendants in accordance with Rule 4 of the Federal Rules of Civil Procedure. The plaintiff is responsible for ensuring that the defendants are served.
- a) If you submit the filing fee with your complaint, you must arrange to have service made on your defendants. Professional process servers are listed in the telephone directory and in The New York Law Journal. Although professional process servers are recommended, they may be costly. You are not required to hire a professional to effect service if you have a trusted friend or family member willing to serve the papers for you. Anyone who is eighteen years or older and not a party to the action may qualify as an appropriate server.
- b) If you seek to waive the fee and have been granted in forma pauperis status, you may have the United States Marshal Service serve the summons and complaint free of charge. If in forma pauperis status was not granted and you have paid the filing fee for the action, the United States Marshal Service may serve the summons and complaint for a fee. Please note that because of the large number of cases for which the United States Marshal Service is responsible, there may be significant delays in having your papers served by the Marshal Service.
- c) Whether you have paid the filing fee or have been granted in forma pauperis status, you may wish to take advantage of the Waiver of Service provision, Fed. R. Civ. P. 4(d), which permits the plaintiff to serve by first-class mail. Additional information about service will be sent to you by the *Pro Se* Office when your summons has been issued by the Court.
- 9. <u>Questions</u>: If you have any questions, please contact the *Pro Se* Office, (212) 805-0175, during business hours, 8:30am 5:00pm, Monday Friday (except federal holidays). Please note that the *Pro Se* Office cannot accept collect calls.

		44			
In the	space ahove e	nter the full name(s) of the pla	intiff(s).)		
				COM	IPLAINT
	-aga	inst-			under the
					ct, 42 U.S.C. § 198 er Complaint)
				Jury Trial:	D Voc. D No.
				July Illat.	□ Yes □ No (check one)
~					
	*** ***				
	······································				
annot lease	fit the names o write "see at	ter the full name(s) of the defer f all of the defendants in the s ached" in the space above per with the full list of name	pace provided, and attach an		
annot lease idditio isted i Part I.	fit the names of write "see at nal sheet of po n the above ca Addresses sho	f all of the defendants in the sached" in the space above per with the full list of namention must be identical to thought here.)	pace provided, and attach an s. The names		
annot elease idditio isted i	fit the names of write "see at nal sheet of po n the above ca Addresses sho	f all of the defendants in the s ached" in the space above per with the full list of name otion must be identical to tho	pace provided, and attach an s. The names		
annot lease dditio isted i Part I.	fit the names of write "see at an al sheet of point the above can Addresses show that the parties in the List your r	fall of the defendants in the sached in the space above per with the full list of name of the name, identification numbers. Do the same for any additionary additionary additionary and name of the n	pace provided, and attach an is. The names se contained in	and address of you amed. Attach additio	er current place of onal sheets of paper
annot lease dditio isted i Part I.	fit the names of write "see at mal sheet of point the above can Addresses show Parties in the List your reconfinement as necessary	fall of the defendants in the sached in the space above per with the full list of name attion must be identical to thou uld not be included here.) his complaint: ame, identification numbes. Do the same for any adding.	pace provided, and attach an is. The names se contained in ir, and the name itional plaintiffs na	umed. Attach additio	er current place of onal sheets of paper
annot lease dditio isted i Part I.	fit the names of write "see at an al sheet of per the above can addresses show that the List your reconfinement as necessary.	fall of the defendants in the sached in the space above per with the full list of name of the name, identification numbers. Do the same for any add the name of t	pace provided, and attach an is. The names is contained in it, and the name itional plaintiffs na	imed. Attach additio	onal sheets of paper
annot lease dditio isted i Part I.	fit the names of write "see at mal sheet of per names of	fall of the defendants in the sached in the space above per with the full list of name of the same for any addition.	pace provided, and attach an es. The names se contained in er, and the name itional plaintiffs na	amed. Attach additio	onal sheets of paper
annot lease dditio isted i Part I.	fit the names of write "see at an al sheet of per a	fall of the defendants in the sached in the space above per with the full list of name of the name, identification numbers. Do the same for any add the name of t	pace provided, and attach an is. The names se contained in it.	nmed. Attach additio	onal sheets of paper

Defendant No. 1	Name Where Currently Employed Address	
Defendant No. 2	NameWhere Currently EmployedAddress	Shield #
Defendant No. 3	Name Where Currently Employed Address	Shield #
Defendant No. 4	Name Where Currently Employed Address	Shield #
Defendant No. 5	Name	Shield #
You may wish to inclise to your claims. In tumber and set forth		ach of the defendants named in the and locations of all relevant events. ersons involved in the events giving a allege a number of related claims, tional sheets of paper as necessary.
	institution did the events giving rise to your clain	m(s) occur?
. What date and	approximate time did the events giving rise to y	our claim(s) occur?

	D. Facts:
Wirm Enspende to you?	
Stoo did waar?	
Was nnyone else ir 70.ved?	
Was clase saw what happened?	
	II. Injuries:
	if you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.
•	
	V. Exhaustion of Administrative Remedies:
	The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.
•	A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes No

es, its gi	name ving r	ise to your cla	n, or other correctional facility where you were confined at the time of the tim(s).
[p	Does toroced	he jail, prison ure?	or other correctional facility where your claim(s) arose have a grievance
Y	es _	No	Do Not Know
E a	oes th	ne grievance prover some or	rocedure at the jail, prison or other correctional facility where your claim(s) all of your claim(s)?
Y	'es	No	Do Not Know
1	fYES	, which claim((s)?
. D	id you		ce in the jail, prison, Or other correctional facility where your claim(s) arose?
II p	f NO, rison,	did you file a	a grievance about the events described in this complaint at any other jail, ectional facility?
Y	es	No	-
I f	fyou o	did file a griev ce?	vance, about the events described in this complaint, where did you file the
.1.	•	Which claim(s) in this complaint did you grieve?
2.	•	What was the	result, if any?
3. th		What steps, if test level of the	f any, did you take to appeal that decision? Describe all efforts to appeal to grievance process.
If	you d	lid not file a gi	rievance:
1.		If there are an	ny reasons why you did not file a grievance, state them here:
2.		If you did not	file a grievance but informed any officials of your claim, state who you

	informed, when and how, and their response, if any:
ી.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
Note:	You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.
٧.	Relief:
State w	what you want the Court to do for you (including the amount of monetary compensation, if any, that e seeking and the basis for such amount).

	∀I.	Previous lawsuits:
M. ness	Α.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in thi action?
lainas		Yes No
	В.	If your answer to A is YES, describe each lawsuit by answering questions I through 7 below. (I there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)
		1. Parties to the previous lawsuit:
		Plaintiff
		Defendants
		2. Court (if federal court, name the district; if state court, name the county)
		3. Docket or Index number
		4. Name of Judge assigned to your case
		5. Approximate date of filing lawsuit
		6. Is the case still pending? Yes No
		If NO, give the approximate date of disposition
		7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)
On ofher chins	C.	Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment? Yes No
	D.	If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)
		1. Parties to the previous lawsuit:
		Plaintiff
	·	3. Docket or Index number
		4. Name of Judge assigned to your case
		Approximate date of filing lawsuit
		o. Is the case still pending? Yes No
• •		If NO, give the approximate date of disposition

7.	What was the result of the case? (For example: Was judgment in your favor? Was the case appealed?)	
l declare unde	er penalty of perjury that the foregoing is true and corr	ect.
Signed this	_ day of, 20	
	Signature of Plaintiff	
	Inmata Number	·
	Institution Address	
Note: All plai their in	intiffs named in the caption of the complaint must date and nmate numbers and addresses.	sign the complaint and provide
declare under	penalty of perjury that on this day of	20 I am delimin
ans complaint to	to prison authorities to be mailed to the <i>Pro Se</i> Office of the vistrict of New York.	United States District Court for
	Signature of Plaintiff:	

Gaetaro D'Attore, Din Do. 10A 5728 UPSTATE CORRECTIONAL FACILITY P.O. BOX 2001

Malone, NY 12953

October 25, 2011 Claim No. LOCIV 1315 (LAP) (RWS)

TO: CLERK OF THE COURT USDCISDNY, D.P.M. Court House 500-Pearl Street, Rm. 230 New York, NY 10007

Dear SIR/ Madaam

PLEASE ofter your service's to me once again, as I humbly request for this office (Court to do so, as I am to be indigent incorcerated, in (Stin) status for the next 13 months, and have no other persons to help lassist me.

Complaint, for the Court, and approx. two more, one for me and one for the Attorney General that I will be to mail or it this office may do for me. I'd appreciate it. I thank this office (court for it's consideration in this regard

Thank You, Sincerely, Hectaro Datore LOA 5728, 8, Bl, WBeell